



**New Hampshire Department of Health and Human Services  
Improving Access to Information and Services for Individuals and Families  
Needing Long Term Supports and Services: New Hampshire ServiceLink Program**

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**ADDENDUM #4  
RFP-2017-OHS-01-SERVI**

On July 15, 2016, The New Hampshire Department of Health and Human Services, published a Request for Proposals to solicit proposals from Vendors to provide ServiceLink services to assist all populations, including those over age 60, adults with physical, intellectual, development disability or mental illness, with improving access to information on the full range of long-term services and supports, and with improving access to public programs including Medicaid long-term support programs and benefits in New Hampshire.

**Replace RFP Section 1.1 Overview with the following:**

This Request for Proposals is published to solicit proposals from Vendors to provide ServiceLink services to assist all populations, including those over age 60, adults with physical, intellectual, development disability or mental illness, with improving access to information on the full range of long-term services and supports, and with improving access to public programs including Medicaid long-term support programs and benefits in New Hampshire.

Long-term services and supports are home and community based services provided to individuals to support their level of independence in the home and community.

The Department requires prospective Vendors to provide all ServiceLink services as follows:

- a. Consumer Information, Referral and Counseling Services
- b. Consumer program eligibility and enrollment
- c. Specialty Programs Services that include:
  - i. Family Caregiver Support Services
  - ii. Veteran Directed Home and Community Based Services
  - iii. State Health Insurance Assistance Services
  - iv. Senior Medicare Patrol Services
  - v. Transition Support Services
  - vi. Public Awareness and Education
    - 1. ServiceLink Services Outreach and Education
    - 2. Medicare Improvement for Patients and Providers Act
  - vii. Specialized Care Transition Counseling and Support

The Department seeks the above ServiceLink services be available statewide to all citizens in New Hampshire. Vendors shall propose to provide the above ServiceLink services in one or more geographic area identified in Section 3.2.

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**Delete RFP Section 3.3.3 Optional Services in its entirety.**

**Add RFP Section 3.3.2.7 Specialized Care Transition Counseling and Support as follows:**

**3.3.2.7 Specialized Care Transition Counseling and Support**

- a. The Contractor shall provide Specialized Care Transition Counseling and Support as follows:
  - i. Ensure a subset of ServiceLink staff doing Person-Centered Counseling have the experience and skills required to successfully facilitate the transition of individuals from acute care settings back to the home.
  - ii. Demonstrate development and implementation of a collaborative relationship with acute care entities that define the role of ServiceLink staff in facilitating hospital-to-home transitions for individuals with LTSS needs that include plans to:
    - 1. Implement Interdisciplinary communication across acute, primary care and LTSS service providers/systems;
    - 2. Establish a process for identifying individuals and caregivers in need of transition support services;
    - 3. Develop protocols for referring individuals to the local ServiceLink Contractor for Person-Centered Options Counseling, transition support, and coordination;
    - 4. Perform consultation services for hospital staff regarding available LTSS in the community;
    - 5. Deliver regular training and in-service sessions to facility administrators and discharge planners about ServiceLink programs and any protocols and processes in place between ServiceLink and their respective organizations;
    - 6. Involve stakeholders in the quality improvement process for enhanced care transitions and coordination services; and
    - 7. Engage individuals while in acute care settings to assist them in transitioning to a home and community-based setting. This shall include facilitating the coordination of services and supports needed for transition, provide individuals with a safe and secure setting, and prevent hospital readmission.



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- b. The Contractor shall demonstrate to the Department within sixty (60) days of the contract effective date at least one implemented collaborative relationship with an acute care entity.
- c. The Contractor shall provide a minimum of 15 hours per week of Specialized Care Transition Counseling and Support.
- d. The Contractor shall ensure staff performing Specialized Care Transition Counseling and Support are equipped to provide the following services:
  - i. Participate in hospital discharge planning meetings.
  - ii. Meet with individuals and their family members according to their preferences and goals for transition.
  - iii. Provide post-discharge follow up as needed, requested, and appropriate in adherence to follow up Procedures and Protocols to assure successful transitions back to the individual's home.
  - iv. Document related contacts on behalf of transitioning individuals in Refer 7.
  - v. Develop transition plans for clients and assist individuals with finding and accessing home and community-based services according to the transition plan.
  - vi. Provide intensive post-discharge follow-up for a minimum of three (3) months to assure successful transitions back to the individual's home, including: short term case management services allowing for ongoing communication with the individual and family members, problem-solving assistance, referrals, and ensuring that the transition plan and services that has been put into place is working.

**Replace RFP Question 11 (Q11) with the following:**

Q11. Describe how you propose to develop, or enhance (if you a current ServiceLink Contractor providing this service) effective and efficient program delivery in Section 3.3.2.7.

**Replace RFP Section 4.3 Budget Form with the following:**

**4.3 Budget Form**

The Vendor shall complete a Budget (Cost bid) using Appendix D Budget. The Budget shall provide the cost for all services in Section 3 and in accordance with Section 4.6 for specific program budget information, by State Fiscal Year identified in Section 4.1, for each geographic region being proposed.

The Vendor shall provide a Budget Narrative (a brief summary explaining the cost bid), for each Appendix D Budget.

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**Replace RFP Section 4.4 Staff List Form with the following:**

**4.4. Staff List Form**

The Vendor shall complete a Staff List Form using Appendix E. The Staff Form shall provide the cost for all personal salaries to provide services in Sections 3 and in accordance with Section 4.6 for specific program budget information, by State Fiscal Year identified in Section 4.1, for each geographic region being proposed.

**Replace RFP Section 5 Proposal Evaluation with the following:**

**5. PROPOSAL EVALUATION**

Each proposal per geographic area will be evaluated separately using the evaluation criteria below:

**5.1. Technical Proposal**

Approach (Q1 through Q11)	200 points
Staffing Plan and Staff Training and Development Plan (Q12)	75 points
Experience with Population and Services (Q13-Q14)	75 points

**5.2. Cost Proposal**

Budget, Staff Form, and Narrative	250 points
Total Points per geographic region proposed	600 Points

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Replace RFP Section 6.2 Procurement Timetable with the following:

**6.2 Procurement Timetable**

<b><u>Procurement Timetable</u></b>		
<b>(All times are according to Eastern Time. DHHS reserves the right to modify these dates at its sole discretion.)</b>		
Item	Action	Date
1.	Release RFP	7/15/16
2.	OPTIONAL Letter of Intent Submission Deadline	7/22/16
3.	RFP Questions Submission Deadline	7/28/16
4.	DHHS Response to Questions Published	8/4/16
5.	Technical and Cost Bids Submission Deadline	8/30/16 2:00 pm

Replace RFP Section 7.1.3 Technical Proposal with the following:

**7.1.3 Technical Proposal**

**Bidders shall submit a separate technical proposal(s) for each geographic region being proposed as follows:**

Original in 3 ring binder marked as "Original."

The original Transmittal Letter (described in Section 7.2.2.1) must be the first page of the Technical Proposal and marked as "Original."

4 copies in bound format marked as "Copy."

1 electronic copy (divided into folders that correspond to and are labeled the same as the hard copies) on CD or Memory Card/Thumb Drive. NOTE: In the event of any discrepancy between the copies, the hard copy marked "Original" will control.

Front cover labeled with:

Name of company / organization;  
RFP#; and  
Technical Proposal.



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**Replace RFP Section 7.1.4 Cost Proposal with the following:**

**7.1.4 Cost Proposal**

**Bidders shall submit a separate Cost proposal(s) for each geographic region being proposed as follows:**

Original in 3 ring binder marked as "Original."

A copy of the Transmittal Letter marked as "Copy" as the first page of the Cost Proposal.

2 copies in bound format marked as "Copy."

1 electronic copy (divided into folders that correspond to and are labeled the same as the hard copies). NOTE: In the event of any discrepancy between the copies, the hard copy marked "Original" will control.

Front cover labeled with:

Name of company / organization;  
RFP#; and  
Cost Proposal

**Replace Appendix D – Budget, See attached.**

**Replace Appendix E – Personnel Sheet, See attached.**

**New Hampshire Department of Health and Human Services**  
**COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD**

**Bidder/Program Name:**

**Budget Request for:**

(Name of RFP)

**Budget Period:**

[illegible]

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## Appendix E - Personnel Sheet

<b>Personnel Sheet</b>						
<b>New Hampshire Department of Health and Human Services COMPLETE ONE PROGRAM STAFF LIST FOR EACH STATE FISCAL YEAR</b>						
Proposal Agency Name:						
Program:						
Budget Period:						
A	B	C	D	E	F	G
		Projected Hrly Rate as of 1st Day of Budget Period		Amnt Funded by this program for Budget Period	Amnt Funded by other sources for Budget Period	
Position Title	Current Individual in Position		Hours per Week			Site*
Example: Program Coordinator	Sandra Smith	\$21.00	40	\$43,680	\$43,680	
Administrative Salaries						
Total Admin. Salaries				\$0	\$0	
Direct Service Salaries						
Total Direct Salaries				\$0	\$0	
Total Salaries by Program				\$0.00	\$0.00	
*Please list which site(s) each staff member works at, if your agency has multiple sites.						